

**United States District Court for the Southern District of Texas
Attorney Registration Form for District Electronic Filing**

Date submitted: _____ (Please print or type)

First/Middle/Last Name: _____

State Bar Number: _____ Licensing State: _____

Admitted to Practice in the Southern District of Texas: ☐ yes ☐ no ☐ Pro Hac Vice

Firm: _____

Street and Suite: _____

City State Zip: _____

Voice: (_____) _____

Facsimile: (_____) _____

E-Mail for Electronic Service: _____

If you have already attended ECF training or are registered for ECF in another U. S. Bankruptcy or District Court, provide the Court name:

District: _____

By submitting this form, I agree to abide by these rules:

1. I will maintain familiarity with the technical and procedural requirements as they are adopted by the court.
2. Use of my login and password constitutes my signature on documents filed electronically for purposes of the Federal Rules of Civil Procedure Rule 11 and the Federal Rules of Criminal Procedure.
3. I am responsible for all use of my login and password, authorized or not.
4. By registering, I consent to electronic service of documents and notices through the court's Electronic Filing System and waive service by other means.

Applicant's Signature _____

Please return to :
Electronic Registration
United States District Court
P. O. Box 61010
Houston, Texas 77208-1010

FOR OFFICE STAFF ONLY: Rec _____ AA _____ T _____ ECF _____
